

# HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

DIVERSIFIED SERVICES, INC.

MARCH 27-29, 2007

## SITE REVIEW TEAM:

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Survey Outcome: One-Year Certification Expires March 30, 2008.

## **I. REVIEW OF RANDOM SAMPLE OF PARTICIPANTS**

The Division reviewed six random participant's files, including the seven following components:

**A. Implementation of IPC Findings:**

The schedules and implementation of the IPC was found to be consistent for all participants with the approved IPC by the Division. There were no concerns identified with any of the universal objectives, all being measurable and meaningful. The majority of schedules were being written and followed according to Division standards, including being client specific. However, the Residential Habilitation schedules consistently did not reflect the 24 hour service DSI is providing. All schedules need to be consistent with Medicaid rules and the documentation standards for each page. Releases of information were comprehensive, specific, and time limited. Participant 2 was found to have 5 year old emergency information; while Participant 6 had a 10 year old picture on the emergency face sheet. Also, when interviewing staff, surveyors found the communication regarding a targeted behavior for Participant Six seemed to be inconsistent. The issue of client specific communication between shifts was also an issue between services at the Thrift Store.

**B. Billing and Documentation Findings:**

The majority of billing and documentation was found to be consistent with the documentation standards set by Medicaid rules. There was found to be some missing am/pm from the ISC monthly notes. There was only one billing error found out of six participants' documentation for six months. For February 2007, Participant 1 received 13 units of Supported Employment, but DSI only billed for 8 units.

**C. Guardian or family follow-up Findings:**

All guardians and/or family members expressed satisfaction with the services DSI was providing. There were no concerns identified.

**D. Incident Report follow-up Findings:**

There were two incidents that were followed-up during the survey; no concerns were identified. On the internal incidents reviewed, there was some documentation of follow-up missing on DSI's forms. Also, the narratives of some incidents were simply described as a "behavior", not properly describing them with detail as positive or negative. Accurate narratives on incident reporting should be utilized and avoid using generalities or non-specific language.

**E. Extraordinary Care follow-up Findings:**

There was no ECC to follow-up on this survey for participants receiving services at DSI.

**F. Complaint follow-up Findings:**

There were no complaints to follow-up on this survey for participants receiving services at DSI.

**G. Health or Safety Concerns with participant:**

The majority of participants at DSI appeared to be safe and receiving services that were appropriate for their level of care. Safety recommendations from prior surveys had been addressed. There were two health and safety concerns identified. Participant 3 is consistently receiving enemas without directives from the Doctor or guardian. There neither was proper tracking or a framework designed for the frequency of use. Participant 5 was being administered medications without documentation of their tracking of dosage, times, and the staff responsible.

Exemplary Practices:

- None.

Commendations:

- None.

Suggestions:

- It is suggested the provider update all emergency information for participants regularly.
- It is suggested the provider submit a claims adjustment for Participant 1 for Supported Employment for February 2007.
- It is suggested the provider develop or maintain procedural communication between DH and RH and other service sites.

Recommendations:

- It is recommended the provider update all schedules and consistently follow the documentation requirements in compliance with the documentation standards in the Medicaid rules.
- It is recommended the provider update all emergency information for participants identified.
- It is recommended the provider follow internal policies on documentation of incident reporting, including documenting all appropriate follow-up.
- It is recommended the provider address the health and safety issues identified with Participants 3 and 5.

## II. REVIEW OF ORGANIZATIONAL PRACTICES

### ■ Provider's Summary and Highlighted Service Area:

Diversified Services, Inc. has been providing services to persons with developmental disabilities since 1971 in the Torrington area. DSI has been CARF accredited since 1982. In 2006, DSI received a three-year accreditation from CARF seven program areas. Eighty-one individuals (fifty-eight adults and twenty-three children) are served by DSI. Services provided are case management, day habilitation, residential, organizational and community employment. Nine group homes are located throughout the community of Torrington and are staffed according to the needs of thirty-seven individuals who reside in them. Six persons receive residential support in their own homes and apartments. Day Habilitation offers a wide variety of activities and training opportunities to persons who need assistance in improving social skills, communication skills and making choices. Senior day habilitation is available to individuals who are 55 years of age and beyond. Participants in day habilitation enjoy volunteering in the community and also enjoy doing activities in the community. The vocational department at DSI provides persons served with opportunities in organizational and community employment. Organizational employment opportunities exist in car wash, recycling and Second Chance Thrift Store. Janitorial skills are developed in-house and in the community. Seventeen local businesses utilize DSI janitorial crews. DSI has twenty-one individual job placements in the community with eighteen businesses.

DSI is extremely proud of its team process that takes place at IPC meetings, six-month reviews and other interdisciplinary team meetings. The team meetings are attended by at least one, usually more, direct care staff from every program area that the individual participates in. A major component of the planning process at DSI is working to make the participants DREAMS come true. The DSI teams help support the individuals in achieving their dreams. Some of the dreams that have been achieved are going to a Rockies game, going to an UW football game, going to Cheyenne Frontier Days, going to the Downtown Denver Aquarium, and a trip to Yellowstone. Sometimes the dream is to just go home and visit mom and dad, get a new job or to get a driver's license. Whatever the

dream, the DSI team works hard to see that the individual's dream comes true and the best services they can provide are provided for them.

A. Best Practices or Strengths of the Organization

The provider had thorough and well designed organizational standards, including policies and procedures. DSI needs to update all policies and procedures that are impacted by the promulgated Medicaid rules. The provider also needs to reflect policies and procedures for current staffing levels of nursing staff, including a policy and procedure for emergency contact. The policies for medication monitoring and/or administration need to be updated, including definitions of each service. DSI has begun to formulate policies for positive behavior support, including restraint use, outlined by the Medicaid rules. The Division will work with DSI on each plan of care as they come due and Program Integrity will review in depth the implemented policies at next year's site survey.

B. Staff Qualifications and Staff Training Findings:

The surveyors found DSI staff to be knowledgeable, caring, and invested into the services of the participants. The interaction between staff and participants appeared caring and professional. The provider had documentation and an organized plan for staff training. However, the provider must immediately update all staff training to reflect the requirements of the Medicaid rules. The Division surveyed seven staff files for the documentation of all requirements. Two staff had CPR currently scheduled as they were due at the end of the month. Two staff were identified as having outdated client specific training. All staff, regardless of position title, if providing direct care services are required to have current client specific training.

C. Policy on Incident Reporting Findings:

DSI has a well articulated incident reporting policy including a progressive flow chart of responsibility. However, the duty to report for all direct care staff, as defined in Medicaid and DFS rules is lacking. In other words, direct care staff need to be empowered and given the ownership of the duty to report. It is also must be updated to reflect the current requirements, the updated form, a copy of the death certificate to be sent to the Division, and to include the report being filed online.

D. Policy on Rights Of Persons Served Findings:

The provider has appropriate policies on rights of persons served.

E. Policy on Complaint and Grievances Findings:

The provider has appropriate policies on complaints and grievances. There were no specific complaints or grievances reviewed during this survey.

F. Emergency Drills and Inspection Findings:

DSI had six sites with the required documentation of completed drills. Two of these had appropriate concerns identified; however, neither of these had the appropriate follow-up documented. One of the homes (Trail) consistently lacked the variety of emergency drills required, only conducting Fire drills.

DSI had five sites with the required documentation of completed inspections. Due to DSI enacting a change in procedure in the second quarter, after the prior DDD survey's recommendation, this left the first quarter not containing all of the documentation required. Subsequently, DSI did not complete inspections in the fourth quarter. These two factors left DSI short for the year to fulfill the requirements for documented inspections, including all follow-up.

G. Progress Made On DDD's Recommendations From the Previous Survey

DSI has completed all follow-up required from the prior year's site survey. However, there was a gap in completed internal inspections and the documented required follow-up (see

Section II.F.). Also, the safety signage at the recycling center lacked the inclusion of hearing safety, which may want to be included.

**H. Progress Made On CARF's Recommendations From the Previous Survey**

DSI has completed all follow-up required from the prior CARF survey.

**I. Vehicle Inspections**

Surveyors inspected five vehicles owned by DSI that were serving participants. All of the vehicles were in well maintained care, including proof of insurance, registration, and emergency procedures. There was only one health and safety concern identified out of the five vehicles. The Chevy passenger van had an unsecured spare tire in the vehicle.

**Exemplary Practices:**

- None.

**Commendations:**

- None.

**Suggestions:**

- It is suggested the provider increase outcomes for the critical incident report training for staff knowledge.

**Recommendations:**

- It is recommended the provider update all requirements impacted by the promulgation of the Waiver Medicaid rules, including but not limited to policies, procedures, staff training, and documentation standards.
- It is recommended the provider update policies and procedures for medication monitoring and administration, including ensuring that the Doctor's orders match staffs' practices.
- It is recommended the provider address and document all follow-up on all concerns identified during emergency drills.
- It is recommended the provider standardize their internal inspection procedure, tracking of completed inspections, all identified recommendations, and all required follow-up documented.
- It is recommended the Trail home conduct a variety of emergency drills as required.
- It is recommended all staff that have direct care roles must complete all of the required staff training.
- It is recommended the provider resolve the health and safety concern inside the passenger van.

### **III. REVIEW OF CASE MANAGEMENT SERVICES**

**A. Results of the Review:**

DSI has an organizational structure of case management services that reflects the providers intense focus on striving for a client specific focus and service, including the development of IPC's and services provided to the participants and their families. The professionalism, attention to detail, and consistency within the ISC department was noted as a commendation for DSI. Families interviewed expressed satisfaction with the case management department and each ISC referenced. All participants interviewed expressed a high level of satisfaction, including ease of accessibility of their case managers. Surveyors interviewed case managers who all appeared to be knowledgeable of client specific information, their rights and restrictions, and how to properly report critical incidents. There were a few instances of ISC documentation lacking am/pm. Also, the newest ISC had yet to be trained on current IPC's for all her caseload, but was still within the 90 day timeframe.

Commendations:

- DSI is recognized for having the commendable practices of their case management department.

Suggestions:

- It is suggested DSI complete the new ISC training within the 90 day timeframe required.

#### **IV. REVIEW OF RESIDENTIAL SERVICES**

Survey staff inspected homes, observed services, and conducted interviews with participants and staff at five residential habilitation sites.

A. Participant satisfaction:

All participants expressed satisfaction of their living arrangements, including their satisfaction with their staff in these homes.

B. Service observation Findings:

Overall, participants appeared to be very happy and healthy. The majority of staff interaction was caring and professional. There was one concern identified when a staff person physically redirected a participant without first asking, and neither was there any communication during the physical redirection. A concern was also identified in the sedative manner of one participant sitting next to a very loud television. Also, his plan of care indicates the need to keep these noises away from this participant as a potential trigger. (See Section I.G. for the recommendation regarding the medication issue identified.) One participant identified as a concern by his RH staff and by the survey team as having a potential for elopement due to his cognitive deterioration.

C. Physical Inspection Findings:

It was evident to survey staff that DSI takes pride in their residential facilities. There was updated maintenance and care of the homes. Staff assisted with participants to keep homes clean and free from clutter. Bedrooms were personalized and reflected the tastes and preferences of participants. The Pioneer I home has some clutter on the deck, including a mass of cigarette trash. The Bunkhouse has multiple stains on the carpet in the living room and the Northeast bedroom floors. Also, at the Bunkhouse the central South room was much less decorated and had a cold and stark feeling to it. The Circle M home driveway has a potential trip hazard while exiting the vehicles for participants using walkers. Participants have to put their walkers in the grass to exit the vehicle then maneuver the wheels over the concrete bump to get into the home.

D. Staff Interview Findings:

Staff overall were knowledgeable of client specific needs, restrictions, and supports. The majority of staff were able to articulate some knowledge of the critical incident reporting process.

Exemplary Practices:

- None.

Commendations:

- DSI is commended for their upkeep, maintenance, and decorating the participant homes; especially to be client specific, reflecting their tastes and preferences.

Suggestions:

- It is suggested the team work on a safety plan for Participant 7 for the potential of unintended elopement and/or disorientation when in the community.
- It is suggested staff ensure they are practicing client specific needs identified in the IPC, including noise agitation as potential triggers for client escalation.

Recommendations:

- It is recommended the provider retrain the identified staff person for assessing the need and manner in physically handling participants.

## **V. REVIEW OF HABILITATION AND EMPLOYMENT SERVICES**

**A. Participant, family-guardian satisfaction:**

Out of the nine participants interviewed, seven were very satisfied with services received during DH and employment services. Two other participants were satisfied, however indicated a desire to modify their services. Participant 8 desires to have other supported employment other than on a cleaning crew. Her team has identified this as an acceptable change to pursue, but a team meeting needs to occur to actively pursue this change. Participant 9 expressed a desire to have community based employment outside of the DSI property. The team needs to evaluate if this desire is appropriate based on her current progress. Participant 10 was observed and interviewed as having a great job match with his interests, skills, and progress with very high client satisfaction. This is a commendable practice by DSI to have such success in supported employment.

**B. Service observation Findings:**

DSI is conducting day habilitation and supported employment onsite, as well as, offsite at a variety of locations. Survey staff found that participant's emergency information was not readily available at all supported employment sites.

**C. Physical Inspection Findings:**

All service sites did not have the physical address visible from the street as required. Only one of four service sites have carbon monoxide detectors as required. Two utility closets had stored items where DSI has a policy against such practice; which is also violating fire code, storing items next to a furnace and a water heater.

**D. Staff Interview Findings:**

Staff were knowledgeable of client specific needs and supports, some struggled to articulate their rights and restrictions. Many were not able to fully articulate the Division's requirements for incident reporting but was able to refer to the laminated sheet for direction. One staff person at the Thrift Store minimized the importance of client documentation and tracking of tasks. Upon request the Thrift Store was unable to produce any documentation for the month, and the month's end was at hand. Upon further review, there was a pattern of miscommunication between the Thrift Store and the other service sites/administration.

**Exemplary Practices:**

- None.

**Commendations:**

- DSI is commended for having successful outcomes in matching participant interests, skills, and progress during supported employment.

**Suggestions:**

- It is suggested the provider look at participant's training to include health and safety risks during employment; such as, universal precautions, blood born pathogens, and lifting.

**Recommendations:**

- It is recommended the provider have all service sites physical address visible from the street as required.
- It is recommended the provider have all service sites installed carbon monoxide detectors where gas or fuel is burned.
- It is recommended the provider address the issue of items stored in utility closets.

- It is recommended the provider have all participants' emergency information available during waiver services.
- It is recommended the provider ensure all documentation requirements of the Division and internal policies are being followed at the Thrift Store.
- It is recommended the provider resolve communication problems between the Thrift Store and the other service sites/administration.
- It is recommended the provider assess the requests of those participants identified with modifying their employment services and respond accordingly.

## **VI. REVIEW OF RESPITE, PERSONAL CARE, AND OTHER SERVICES**

### **A. Participant, family-guardian satisfaction:**

DSI does not provide a large volume of other services such as respite and personal care. Survey staff were able to interview one guardian/family who was receiving respite services. There were no concerns identified and they were satisfied with services.

### **B. Service observation Findings:**

Not applicable.

### **C. Physical Inspection Findings:**

Not applicable.

### **D. Staff Interview Findings:**

Unable to complete during this survey.

### **Exemplary Practices:**

- None.

### **Commendations:**

- None.

### **Suggestions:**

- None.

### **Recommendations:**

- None.

Lead Surveyor \_\_\_\_\_ Date \_\_\_\_\_